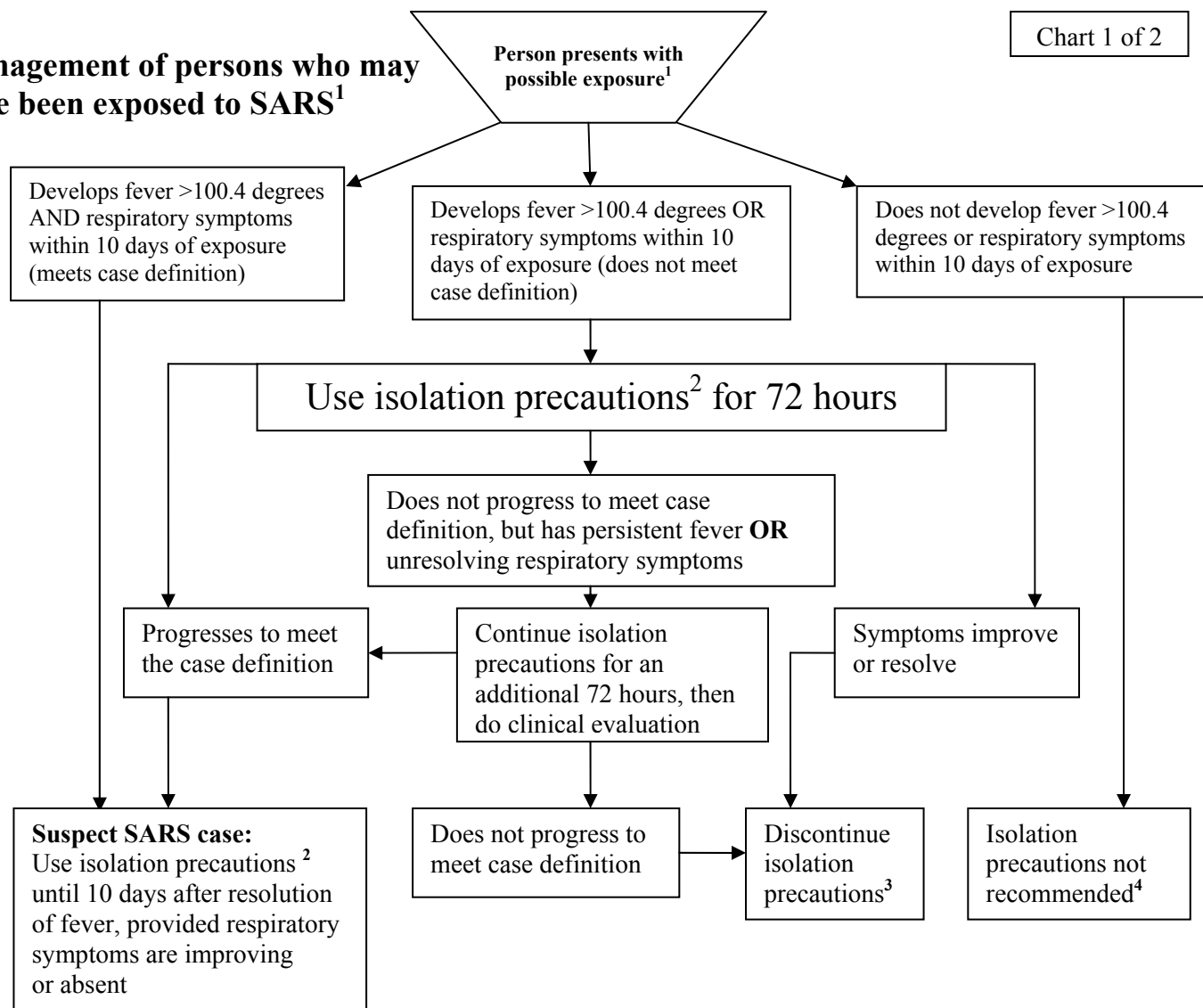


Management of persons who may have been exposed to SARS¹

Chart 1 of 2



1) **Exposure** includes travel from areas with documented or suspected community transmission of SARS or close contact with persons who have SARS. **Close contact** is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (< 3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief period of time.

2) Isolation precautions include limiting patients' interactions with others outside the home (e.g. should not go to work, school, out-of-home day care, church or other public areas), and following infection control guidelines for the home or residential setting if not admitted to hospital for care. (See Chart 2)

3) Discontinuation of isolation precautions for patients who have not met the case definition 6 days following the onset of symptoms, but who have persistent fever or respiratory symptoms should be done only after consultation with local public health authorities and the evaluating clinician. Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative diagnosis

4) Persons need not limit interactions outside the home (e.g. need not be excluded from work, school, out-of-home day care, church or other public areas).

Ongoing updates are posted on the CDC Website at <http://www.cdc.gov/ncidod/sars/>.